

# After School X-Press Youth Programs Policy Form

Please read carefully and sign.

## Discipline Policy

We utilize and encourage the practice of praise and positive reinforcement as effective methods of behavior management. We believe that when participants receive positive, non-violent, and understanding interactions, they can develop good self concept, problem-solving abilities, and self-discipline.

Behavior Management Policy-The City of Raleigh Parks and Recreation Department supports and practices the following Behavior Management Policies: (Complete Staff Policies are available at Camp Locations)

1. Quiet Reprimand/Verbal Warning
2. After repeated behavior problems, a first written incident report will be given to the parent/guardian.
3. Additional behavior problems will constitute a second written incident report given to parent/guardian and a possible 1-2 day suspension from the program.
4. If negative behavior persists, a third written incident report constitutes that the participant will be asked to leave the program and no refunds will be given.
5. For severe offenses, such as but not limited to fighting, theft, vandalism, possession of weapons or drugs, severe verbal threats, or sexual misconduct, the participant will be dismissed from the program immediately, bypassing any of the steps above.

## Payment Policy

Full payment is due at time of registration by check, credit card (Visa or MasterCard) or money order.

## Refund Policy

1. 100% refund/credit/transfer if Department cancels program.
2. All refund requests received in writing at least 14 or more days in advance of the start date of a program are entitled to either:
  - a) 100% transfer of fees; or
  - b) 85% refund/credit based on total cost of program/rental.
3. Refund/credit/transfer requests received less than 14 days prior to start date of a program will not be granted.
4. Refunds for medical reasons requested prior to the start date of program will be granted at 100% subject to verification.
5. A transfer must be requested at the time of withdrawal.

A credit may be applied to another program within the current season or a future season. A credit may be used by any family member on the same registration account.

## Medication/Medical Treatment

Only medications which are medically necessary and cannot be scheduled outside the hours of the recreation program will be given during the program. A medication permission slip form must be signed by a parent or guardian. Every effort will be made to contact parents/guardians in the case of medical emergency. By signing below, if I cannot be reached I authorize the City of Raleigh Staff to seek appropriate medical care.

## Accidental Insurance

Participants must have health/accident insurance to participate in the programs. In absence of a health/accident insurance policy an accident insurance policy can be purchased at time of registration.

## Field Trips

Raleigh Parks and Recreation may transport participants in vehicles provided by the City of Raleigh or contracted by the department.

## Non-Discrimination Policy

The City of Raleigh Parks and Recreation Department does not discriminate on the basis of race, color, national origin, sex, sexual orientation or disability in employment opportunities or the provision of service, programs or activities. A participant alleging discrimination on the basis of any of the afore-mentioned areas may file a complaint with either the Director of the Raleigh Parks and Recreation Department or the Office of Equal Opportunity, US Department of the Interior, Washington, DC 20240.

## Photography Waiver

Pictures may be taken of my child while participating in City activities and may be used for program publicity.

## Late Pick-up Policy

Participants that are picked up late from the closing time of camp will be charged a late fee. The fee is as follows: Once the parent/guardian is between 5 to 10 minutes late a \$5 fee will be charged. An additional \$1 will be added for every minute past 10 minutes late.

## Lost Items

The City of Raleigh Parks and Recreation Department is not responsible for any personal items lost or stolen at our programs.

## Release & Indemnity Agreement

I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with and actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

I understand that the City of Raleigh provides no insurance coverage for me. I have read this document thoroughly and understand that by signing below I am waiving legal rights.

I understand and agree to the policies stated above.

Participants Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# After School X-Press



[www.raleigh-nc.org/parks&rec/](http://www.raleigh-nc.org/parks&rec/)

City of Raleigh Parks and  
Recreation Department  
2401 Wade Avenue  
Raleigh, NC 27607  
919-831-6640

## Registration Dates

- Registration begins May 17 at all Community Centers.
- Registration forms and \$200 initial payment due at time of registration.
- Registration must be received one week before participant can begin program.

## Total Cost of Program for 2004-05 School Year

City Residents  
\$1280 a year

Non-City Residents  
\$1560 a year



## Program Description

The After School X-Press Program is being offered at all local Community Centers for children K-8th grade. The program strives to make available a high quality program at low cost. Our goal is to include a variety of curriculum-based programs such as:

**Arts and Crafts** – Bring out the creativity that is in all children by introducing them to a variety of arts media and crafts projects.

**Computer Education** – Reinforce skills learned at schools through educational software.

**Fitness and Nutrition** – Help children develop physical fitness and healthy nutritional habits that will last a lifetime.

**Homework Assistance** – Offered in the program on a limited basis depending on the needs of the child. Emphasis of after school program is on recreational activities.

**Nature** – Introduce children to the diversity of nature through hands-on recreational activities.

**Music and Drama** – Introduce children to a variety of music and drama components through games, art projects, and other organized activity.

Children will be rotated through certain curriculum stations listed above daily.

## How to Register

- Fill out the registration forms (page 3 & 4).
- Remit an initial payment of \$200 non-refundable.
- Take the completed registration form to the Center of your choice **on or after May 17.**  
or
- Mail to: After School X-Press 2401 Wade Avenue Raleigh, NC 27607
- Registrations must be received one week before participant can begin program.
- Registrations are on a first come first serve basis.
- Registrations are for school year 2004-2005 and Program ends when Wake County traditional school calendar ends.
- Fall Registrants are given first priority for the Spring Session.
- Participants will be asked to set up a payment plan for the remainder of the registration fee. All balances must be paid in full within 90 days of registration or end of program which ever comes first.



# After School X-Press

## Transportation

Transportation will be provided by the Raleigh Parks and Recreation Department and the Wake County School Transportation Department. Transportation will begin within the first two weeks of the program and is not guaranteed.

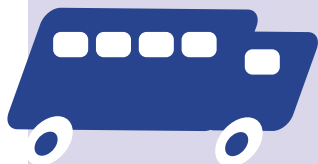
Wake County Schools will provide transportation within the following stipulations:

- There is space on the appropriate bus route.
- The school bus drives by the appropriate center.

The City of Raleigh will provide transportation where Wake County is not able to with the following stipulations:

- There must be 10 or more participants from the designated school.
- Raleigh Parks and Recreation reserves the right to amend the participant location based on transportation needs.

All transportation requests must be made by July 27.



Raleigh Parks and Recreation may not be able to meet all transportation requests. In this event, a full refund will be given to participant. Please call 831-6684 with specific questions about transportation.

## Program Information

- Program begins August 9 and ends when 2003-2004 Wake County traditional school calendar ends.
- Program hours are from school dismissal until 6:00pm.
- The program includes scheduled early release days. Early dismissal due to inclement weather is not covered by this program.
- The After School program does not cover holidays or teacher workdays. The Raleigh Parks and Recreation Department's YES program covers teacher workdays and additional registration is required at your local community center for this program. Cost is \$18 per day.
- The After School Program is not offered during days when Wake County Schools are closed due to inclement weather.
- Other payment options may be available. Please contact the Community Center that you wish to attend for other options.
- Program is not pro-rated for daily registrations.
- No refunds will be granted for days missed or cancelled due to vacation, illness, suspension, or inclement weather.
- Refunds will not be granted due to non-traditional school calendars such as year-round school or private schools.
- Refund/Cancellation Policy is on the Payment/Agreement form.
- One snack will be provided daily

## Payment Schedule

- \$200 initial payment upon registration
- City Residents: six payments of \$180
- Non-City Residents: five payments of \$226 and one payment of \$230
- Payments are due on the 1st day of each month September-December and February-March



## Program Sites

Biltmore Hills 831-6895
Carolina Pines 831-6435
Chavis 831-6989
Green Road 872-4140
Halifax 831-6378
Jaycee 831-6833
Lake Lynn 870-2911
Laurel Hills 420-2383
Lions 831-6995
Millbrook Exchange 872-4156
Method 831-6066
Optimist 870-2880
Peach Road 807-5464
Pullen Community 831-6052
Ralph Campbell 250-2757
Roberts 831-6830
Southgate 831-6719
Tarboro Road 831-6505
Walnut Terrace 831-6155
Worthdale 831-2730
Top Greene 831-6989

# After School X-Press Registration Form

## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

## Parent/Guardian Information

Mother/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
Father/Guardian First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_ Additional Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_  
City of Raleigh Resident? ☐ Yes ☐ No  
Emergency Contact (Other Than Parent) Name \_\_\_\_\_ Daytime # \_\_\_\_\_ Additional Daytime # \_\_\_\_\_

## Registration Section

Community Center you wish to attend: \_\_\_\_\_

School the participant will attend for the 2004-05 school year: \_\_\_\_\_

Do you want transportation from your school to the site listed above? ☐ Yes ☐ No

This transportation is not guaranteed unless ten or more participants are registered from that school. The City of Raleigh reserves the right to change the Community Center you are attending to meet bus schedules. The participant has the right to decline the change and receive a full refund.

## Payment Section

Would you like to make a donation to support a child's participation in Raleigh Parks and Recreation programs? ☐ Yes ☐ No (Please specify amount) \$ \_\_\_\_\_

Payment Options: ☐ Check or Money Order ☐ Credit Card

Credit Card Information ☐ Visa ☐ MasterCard Expiration Date \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_

Name of Card Holder \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Card Number \_\_\_\_\_ Signature \_\_\_\_\_

## Release Authorization

Please list any additional names other than the names above of adults 16 or older allowed to pick up your children.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## Health Information

Check All That Apply.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> ADHD                      | <input type="checkbox"/> Concussion or Head Injury             | <input type="checkbox"/> Immunizations up to date         |
| <input type="checkbox"/> ADD                       | <input type="checkbox"/> Major Surgery or Illness              | Date of last tetanus shot _____                           |
| <input type="checkbox"/> Emotional Problems        | <input type="checkbox"/> Heat Stroke/ Exhaustion               | <input type="checkbox"/> Fainting                         |
| <input type="checkbox"/> Behavior Problems         | <input type="checkbox"/> Impaired Motor Activity               | <input type="checkbox"/> Back or Joint Problems           |
| <input type="checkbox"/> Heart Disease/Defect      | <input type="checkbox"/> Asthma                                | <input type="checkbox"/> Motion Sickness                  |
| <input type="checkbox"/> Seizures/Epilepsy         | <input type="checkbox"/> Contagious Disease                    | <input type="checkbox"/> Hearing Loss                     |
| <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Allergy to following (list specifics) | <input type="checkbox"/> Vision Loss                      |
| <input type="checkbox"/> Down Syndrome             | Medications _____  | <input type="checkbox"/> Eyeglasses/Contacts              |
| Have x-rays been done? <input type="checkbox"/>    | Foods _____  | <input type="checkbox"/> Sprains, Fractures, Dislocations |
| Atlanto Axial Instability <input type="checkbox"/> | Insects _____  | <input type="checkbox"/> Other                            |
|  | Plants _____   |   |

Please give detailed information for anything checked above (use additional pages if necessary). \_\_\_\_\_

**Daily Medications:** (An additional medication form will have to be completed to administer medication during program hours. Please check with the program staff.)

Please print medication name, what it is used for, amount, date prescribed and number of times/day. \_\_\_\_\_

**Special Note on Medications:** If your camper carries an "EPI" pen or inhaler Raleigh Parks and Recreation will require that two are available during program.

Activity Restrictions \_\_\_\_\_

By signing below, I am acknowledging that my child is physically capable of participating in program activities and the information that I have completed above is correct.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_